



Care Management Organization

FQHC / RHC Prospective Payment System (PPS)

March 23, 2006



Georgia
Healthy
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The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000 requires states to establish a new Medicaid Prospective Payment System (PPS) for FQHC and RHC Clinics. The relevant sections are codified as 42 U.S.C. 1396a(aa).

In the case of services furnished by a FQHC or RHC pursuant to a contract between the entity and a Care Management Organization (CMO), the Department of Community Health (DCH) shall provide for payment to the FQHC or RHC by means of a supplemental payment equal to the PPS rate less the amount of the payments provided under the CMO contract.

▲ Data Requirements

- *For all Fee-For-Service FQHC / RHC providers*, information on all claims for services paid during the time period specified on the report. Paid claims are to include reversals, voids and or adjustments.
- *For all Capitated FQHC / RHC providers*, information on all claims for services paid and encounters set to “final adjudication” during the time period specified on the report.
- Include all performance incentives, capitation payments and admin fees

▲ Settlement Process

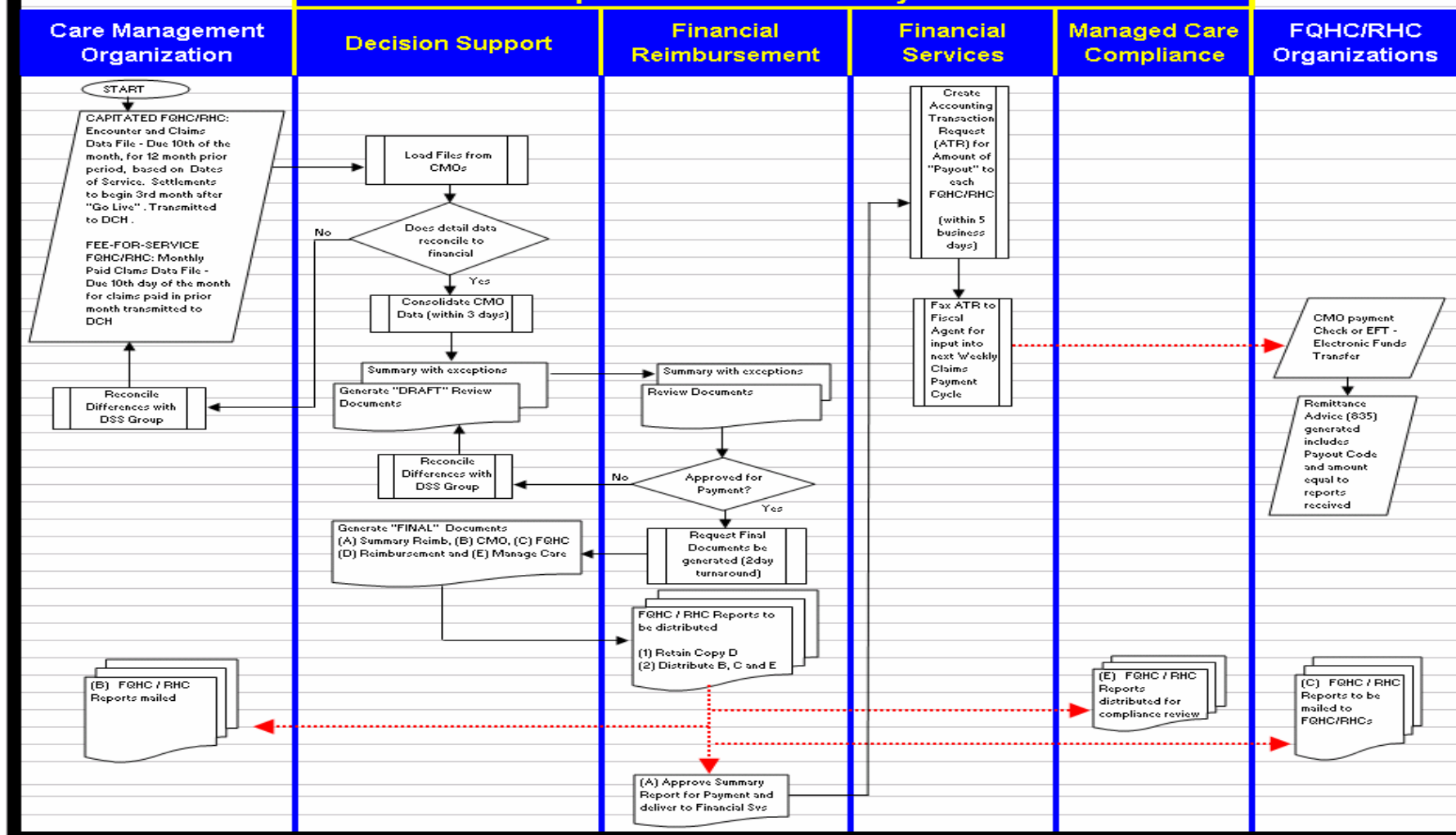
- CMOs to transmit data file to DCH no later than 10 calendar day after the end of each month
 - When date falls on weekend or a state holiday, it is extended to the following business day
 - Two part transmission – Claims/Encounter Data and Financial Data
 - Zip file emailed and password protected (email all three individuals)
 - Fax Data Certification Form to DCH
- Reconciliation of detail claims data file to financial data
 - Requires CMO Contact Person
- Reports Generated with copies (no payment information) being distributed to CMO

▲ Documentation / Forms

- Report Description and Data Elements
 - Claim / Encounter Detail
 - Financial Summary
- Listing of FQHC and RHC Medicaid Rendering Provider ID
- Data Certification Form

FQHC/RHC Prospective Payment System (PPS) Settlement Process

Department of Community Health



Next Steps:



- CMO to provide DCH with FQHC / RHC “point person”
- DCH to complete FQHC / RHC Provider Reconciliation with FQHC Association
- DCH to complete FQHC / RHC Provider Reconciliation with CMOs
- DCH / CMO Testing
 - CMO to submit test data file and financial summary report
 - DCH to generate reports and distribute to CMOs and FQHC / RHC

DCH Contact Information:



▲ Data File and Report Questions

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▲ FQHC / RHC Provider Questions

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